

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date: <b>3/10/2006</b>		Bureau/Station/Facility: <b>Compton Station</b>		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
<b>Incident Information</b>					
URN: <b>406-04137-2826-051</b>		Date: <b>3/10/2006</b>		Time: <b>2037</b>	
City or Station: <b>Compton Station</b>		Nature of Incident: <b>Deputy Involved (Hit) Shooting</b>			
Location: <b>N. Muriel</b>					
Location Type (circle one or more): Backyard Beach Business Freeway Industrial Park Parking Lot Residence Rural School <u>Street</u> Other:		Lighting (circle only one): <u>Darkness</u> Daylight Other <u>Street Lights</u> Weather (circle only one): Clear Cloudy Fog <u>Rain</u> Distance:		Incident Type (circle one or more): Accidental <u>Armed Person</u> <u>Fleeing Suspect</u> <u>Foot Pursuit</u> Gun Take Away Moving Vehicle Sniper/Ambush Stun Gun Struggle Involved <u>Traffic Stop</u> Unarmed Person Unintentional Vehicle Pursuit Warrant Service Warning Shot Other:	
Initiated by (circle only one): Arrest Warrant Call <u>Observation</u> One Person Unit Other Search Warrant <u>Two Person Unit</u>		Prior Activity (circle only one): Detective Inmate Transport Other <u>Routine Patrol</u>			
Total # of Shots Fired by Deputy <b>4</b>		Total # of Shots Fired by Suspect <b>0</b>		Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
<b>Employee Witnesses</b>					
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Off Duty
<b>Non-Employee Witnesses</b>					
Last Name		First Name		M.I.	
Street Address		City		Zip Code Work Ph Home Ph	
Last Name		First Name		M.I.	
Street Address		City		Zip Code Work Ph Home Ph	
Last Name		First Name		M.I.	
Street Address		City		Zip Code Work Ph Home Ph	
<b>Supervisors</b>					
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u> Present during shooting	Witness to shooting Involved in shooting
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u> Present during shooting	Witness to shooting Involved in shooting
<b>Watch Sergeant</b>					
Employee #	Last Name	First Name	M.I.		
	<b>Rigalado</b>	<b>Raul</b>	<b>D</b>		
<b>Watch Commander</b>					
Employee #	Last Name	First Name	M.I.		
	<b>Davoren</b>	<b>Patrick</b>	<b>S</b>		

<b>PSTD Use Only</b>	
SH # <u>2166138</u>	

Rollout Information			
Arrival Date	03/10/2006	Arrival Time	2230
Date Submitted		Date of Recommendation	
Employee #	Last Name	First Name	M.I.
	McCray	Leonard	M.I.
Employee #	Last Name	First Name	M.I.
	Stunson	David	M.I.
Employee #	Last Name	First Name	M.I.
	Jennings	Ricky	M.I.
Shooting / Force Information			

## Method

(AW)	Arwen	(CV)	Other Weapon: Vehicle
(BC)	Baton: (Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton: (Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds: (Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds: (Team Takedown)	(RS)	Resistance
(TD)	Control Holds: (Takedown)	(CN)	Restraint Device: (Capture Net)
(CE)	Chemical	(RH)	Restraint Device: (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device: Hobbles (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device: Hobbles (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

### Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

**Body Part Injured**

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

**Brand**

(AK)	AK-47	(IV)	Iver Johnson	(RI)	RGI
(BN)	Benelli	(JE)	Jennings	(RO)	Rossi
(BR)	Beretta	(LO)	Lorcin	(SW)	Smith & Wesson
(BW)	Browning	(LU)	Luger	(SR)	Sturm Ruger
(CH)	Charter Arms	(MA)	Marlin	(ST)	Sterling
(CO)	Colt	(MO)	Mossberg	(TA)	Taurus
(DA)	Davis Industries	(NC)	NCI aka SKS	(WE)	Weatherby
(GL)	Glock	(NA)	North American	(WN)	Winchester
(HA)	Harrington & Richardson	(NO)	Norinco	(US)	US Government
(HI)	Hi Standard	(RA)	Raven	(YY)	Handmade (Inmate)
(HK)	H & K	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(IT)	Italm	(RG)	RG	(ZZ)	Other Brand

**Caliber**

(9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
(20)	20 gauge	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(38)	30-80 caliber	(SL)	Stug
(22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

**FORCE APPLIED** (one code per block)[illegible]

# Officer Involved Shooting Involved Employee Information

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## Involved Employee

<b>E 1</b>	Employee #		Last Name		First Name		M.I.	
			Dean		Robert			
	Sex:	Race:	Rank	Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	M	W	DSG	Compton Station		Unit 285		
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:	
	EM PM Day		Regular Overtime Off Duty		<input type="checkbox"/>			
	Hospital Admission?		Hospital Name:		Coroner Case?		Coroner Case #	
	<input type="checkbox"/>				<input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:	
	8				Plain Clothes no Vest    Raid Jacket w/ Vest Plain Clothes w/ Vest    Uniform no Vest Raid Jacket no Vest <u>Uniform w/ Vest</u>			
Age:		Height:		Weight:		Range Qualification Date:		
		507		180				
PPC Qualification Date:		Laser Training Date:		Certified with Weapon Used?		Patrol Certification?		
				<input type="checkbox"/>		<input type="checkbox"/>		
Certification Unit:		Prior Shootings?		Number of Prior Shootings:				
Field Training Officer Emp #		Last Name		First Name		M.I.		
Field Training Officer Emp #		Last Name		First Name		M.I.		

  

<b>E 2</b>	Employee #		Last Name		First Name		M.I.	
			Toone		Andrew			
	Sex:	Race:	Rank	Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	M	W	DSG	Compton Station		Unit 285		
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:	
	EM PM Day		Regular Overtime Off Duty		<input type="checkbox"/>			
	Hospital Admission?		Hospital Name:		Coroner Case?		Coroner Case #	
	<input type="checkbox"/>				<input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:	
	8				Plain Clothes no Vest    Raid Jacket w/ Vest Plain Clothes w/ Vest    Uniform no Vest Raid Jacket no Vest <u>Uniform w/ Vest</u>			
Age:		Height:		Weight:		Range Qualification Date:		
		600		205				
PPC Qualification Date:		Laser Training Date:		Certified with Weapon Used?		Patrol Certification?		
				<input type="checkbox"/>		<input type="checkbox"/>		
Certification Unit:		Prior Shootings?		Number of Prior Shootings:				
Field Training Officer Emp #		Last Name		First Name		M.I.		
Field Training Officer Emp #		Last Name		First Name		M.I.		

  

<b>E</b>	Employee #		Last Name		First Name		M.I.	
	Sex:	Race:	Rank	Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	ShiftTime (circle only one):		ShiftType (circle only one):		Intoxication/Drug Usage?		Substance Used:	
	EM PM Day		Regular Overtime Off Duty		<input type="checkbox"/>			
	Hospital Admission?		Hospital Name:		Coroner Case?		Coroner Case #	
	<input type="checkbox"/>				<input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one):		Other Factors:	
					Plain Clothes no Vest    Raid Jacket w/ Vest Plain Clothes w/ Vest    Uniform no Vest Raid Jacket no Vest    Uniform w/ Vest			
Age:		Height:		Weight:		Range Qualification Date:		
PPC Qualification Date:		Laser Training Date:		Certified with Weapon Used?		Patrol Certification?		
				<input type="checkbox"/>		<input type="checkbox"/>		
Certification Unit:		Prior Shootings?		Number of Prior Shootings:				
Field Training Officer Emp #		Last Name		First Name		M.I.		
Field Training Officer Emp #		Last Name		First Name		M.I.		

# Officer Involved Shooting Suspect Information

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## Suspect Information

<b>S 1</b>	Last Name <b>Diaz</b>		First Name <b>Alexander</b>		M.I.	
	AKA Last Name		First Name		M.I.	
	<b>Rodriguez</b>		<b>Alexander</b>		<b>D</b>	
	Sex: <b>M</b>	Race: <b>Hispanic</b>	Street Address: <b>Transient</b>		City	State & Zip Code:
	Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
	Age: <b>31</b>	D.O.B. <b>05/24/74</b>	Height: <b>511</b>	Weight: <b>165</b>	FBI #	CII #
	Booking # <b>8961811</b>		Primary Charge: <b>664/187 PC</b>		Secondary Charge: <b>12021(A)1 PC</b>	
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:
	Armed? <input checked="" type="checkbox"/>		Apprehended? <input checked="" type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input checked="" type="checkbox"/>
	Vehicle Make		Model:		Year:	

<b>S</b>	Last Name		First Name		M.I.	
	AKA Last Name		First Name		M.I.	
	Sex:	Race:	Street Address:		City	State & Zip Code:
	Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
	Age:	D.O.B.	Height:	Weight:	FBI #	CII #
	Booking #		Primary Charge:		Secondary Charge:	
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>
	Vehicle Make		Model:		Year:	

<b>S</b>	Last Name		First Name		M.I.	
	AKA Last Name		First Name		M.I.	
	Sex:	Race:	Street Address:		City	State & Zip Code:
	Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
	Age:	D.O.B.	Height:	Weight:	FBI #	CII #
	Booking #		Primary Charge:		Secondary Charge:	
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>
	Vehicle Make		Model:		Year:	

<b>S</b>	Last Name		First Name		M.I.	
	AKA Last Name		First Name		M.I.	
	Sex:	Race:	Street Address:		City	State & Zip Code:
	Work Phone:		Home Phone:	Social Security #:	Driver's License #:	
	Age:	D.O.B.	Height:	Weight:	FBI #	CII #
	Booking #		Primary Charge:		Secondary Charge:	
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>	Substance Used:
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>	Criminal History? <input type="checkbox"/>
	Vehicle Make		Model:		Year:	

## URN: 406-04137-2826-051

### Non-Employee Witnesses (Continuation)

[illegible]